

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

PO BOX 9114

Check if different  
than previously  
reported. (ACC)

METAIRIE

LA

70055

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00615120

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y Y Y  
11 08 2016in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 01 2016

through

M M / D D / Y Y Y Y Y Y  
10 19 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

SKELLY, WILLIAM, , ,

Type or Print Name of Treasurer

Signature of Treasurer

SKELLY, WILLIAM, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 27 2016

D D / Y Y Y Y Y Y

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	100189.40	
(c) Total Receipts (from Line 19) .....	42200.00	152200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	142389.40	152200.00
7. Total Disbursements (from Line 31).....	40950.00	50760.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	101439.40	101439.40
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	6

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

41900.00

146900.00

## (ii) Unitemized .....

300.00

300.00

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

42200.00

147200.00

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

0.00

5000.00

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

42200.00

152200.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

## (a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

## (b) Levin Funds (from Schedule H5) .....

0.00

0.00

## (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

42200.00

152200.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

42200.00

152200.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	40950.00	50760.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	40950.00	50760.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	40950.00	50760.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40950.00	50760.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	42200.00	152200.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42200.00	152200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	40950.00	50760.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	40950.00	50760.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Acadian Oaks Nursing Home LLC**

Mailing Address 2707 Kaliste Saloom Rd

City  
Lafayette

State  
LA

Zip Code  
70508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Acadia St. Landry Guest Home**

Mailing Address 830 S. Broadway St

City  
Church Point

State  
LA

Zip Code  
70525

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.4224

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Amelia Manor Inc**

Mailing Address 903 Center St

City  
Lafayette

State  
LA

Zip Code  
70501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.4226

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 21

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Central Control LLC**

Mailing Address 4333 Shreveport Hwy

City  
Pineville

State  
LA

Zip Code  
71360

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Central Management Company**

Mailing Address PO Box 1438

City  
Winnfield

State  
LA

Zip Code  
71483

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Fleur De Lis Healthcare Mgmt LLC**

Mailing Address 7598 Carah Dr

City  
St. Francisville

State  
LA

Zip Code  
70775

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

27800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 21  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Gamvest Limited Partnership**

Mailing Address PO Box 52389

City  
Shreveport

State  
LA

Zip Code  
71135

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.4238

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Nexion Fund for Quality Long Term Care**

Mailing Address 6937 Warfield Ave

City  
Skiesville

State  
MD

Zip Code  
21784

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. NS NG Inc**

Mailing Address 501 Old Covington Hwy

City  
Hammond

State  
LA

Zip Code  
70403

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 21  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Pediatric Health Choice**

Mailing Address 8509 Benjamion Rd Ste D

City  
Tampa

State  
FL

Zip Code  
33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. River Oaks Retirement Manor**

Mailing Address 2500 E Simcoe

City  
Lafayette

State  
LA

Zip Code  
70501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.4246

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Senior Care Centers**

Mailing Address 600 N. Pearl St Ste 1100

City  
Dallas

State  
TX

Zip Code  
75201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 OF 21  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. St Agnes Healthcare and Rehab Partnership LLC**

Mailing Address PO Box 10

City

Breaux Bridge

State

LA

Zip Code

70517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : SA11AI.4250**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. St Martin De Porres Multi-Care Center**

Mailing Address 200 Teal St

City

Lake Charles

State

LA

Zip Code

70616

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : SA11AI.4252**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Town and Country Nursing Center LLC**

Mailing Address PO Box 892

City

Minden

State

LA

Zip Code

71055

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2016

**Transaction ID : SA11AI.4254**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 21  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Woodlands Healthcare Center LLC**

Mailing Address 8422 Kurthwood Rd

City  
Leesville

State  
LA

Zip Code  
71446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2016

Transaction ID : SA11AI.4256

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

41900.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Arsement Media Group**

Mailing Address 104 Live Oak Dr

City  
LafayetteState  
LAZip Code  
70503Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4262**

Amount of Each Disbursement this Period

9000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Causeway Solutions**

Mailing Address PO Box 9114

City  
MetairieState  
LAZip Code  
70055Purpose of Disbursement  
PAC Management and Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4193**

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RightSide Compliance**

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4172**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RightSide Compliance**

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4173**

Amount of Each Disbursement this Period

455.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RightSide Compliance**

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4174**

Amount of Each Disbursement this Period

175.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RightSide Compliance**

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4175**

Amount of Each Disbursement this Period

1215.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1845.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RightSide Compliance**

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4176**

Amount of Each Disbursement this Period

922.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RightSide Compliance**

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4177**

Amount of Each Disbursement this Period

540.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Bautsch Group**

Mailing Address 2023 North Woodchase Court

City  
Baton RougeState  
LAZip Code  
70808Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4195**

Amount of Each Disbursement this Period

1125.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2587.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. The Gober Group**

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
Legal Services

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4178**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Gober Group**

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
Legal Services

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4179**

Amount of Each Disbursement this Period

142.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Gober Group**

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
Legal Services

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4180**

Amount of Each Disbursement this Period

579.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1721.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. The Gober Group**

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4181**

Amount of Each Disbursement this Period

1580.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Gober Group**

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4182**

Amount of Each Disbursement this Period

2330.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Gober Group**

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

**C****Transaction ID : SB21B.4183**

Amount of Each Disbursement this Period

355.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4266.00

40920.00



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 OF 21

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Arsement Media Group**Nature of Debt (Purpose):  
Media Consulting

Mailing Address 104 Live Oak Dr

City  
LafayetteState  
LAZip Code  
70503

Outstanding Balance Beginning This Period

9000.00

Transaction ID : SD10.4186

Amount Incurred This Period

0.00

Payment This Period

9000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Causeway Solutions**Nature of Debt (Purpose):  
PAC Management and Consulting

Mailing Address PO Box 9114

City  
MetairieState  
LAZip Code  
70055

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4192

Amount Incurred This Period

20000.00

Payment This Period

20000.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1500.00

Transaction ID : SD10.4124

Amount Incurred This Period

0.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 OF 21

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

455.00

Transaction ID : SD10.4125

Amount Incurred This Period

0.00

Payment This Period

455.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

175.00

Transaction ID : SD10.4126

Amount Incurred This Period

0.00

Payment This Period

175.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1215.00

Transaction ID : SD10.4154

Amount Incurred This Period

0.00

Payment This Period

1215.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 OF 21

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

922.50

Transaction ID : SD10.4155

Amount Incurred This Period

0.00

Payment This Period

922.50

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RightSide Compliance**Nature of Debt (Purpose):  
Compliance Services

Mailing Address PO BOX 341027

City  
AUSTINState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

540.00

Transaction ID : SD10.4156

Amount Incurred This Period

0.00

Payment This Period

540.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Bautsch Group**Nature of Debt (Purpose):  
Fundraising Consulting

Mailing Address 2023 North Woodchase Court

City  
Baton RougeState  
LAZip Code  
70808

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4194

Amount Incurred This Period

1125.00

Payment This Period

1125.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 20 OF 21

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**Nature of Debt (Purpose):  
Legal Services

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4120

Amount Incurred This Period

0.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**Nature of Debt (Purpose):  
Legal Services

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

142.50

Transaction ID : SD10.4121

Amount Incurred This Period

0.00

Payment This Period

142.50

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**Nature of Debt (Purpose):  
Legal Services

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

579.00

Transaction ID : SD10.4122

Amount Incurred This Period

0.00

Payment This Period

579.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 21 OF 21

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LOVE FOR LOUISIANA POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**Nature of Debt (Purpose):  
Legal Services

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

1580.00

Transaction ID : SD10.4123

Amount Incurred This Period

0.00

Payment This Period

1580.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**Nature of Debt (Purpose):  
Legal Services

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

2330.50

Transaction ID : SD10.4152

Amount Incurred This Period

0.00

Payment This Period

2330.50

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Gober Group**Nature of Debt (Purpose):  
Legal Services

Mailing Address PO BOX 341016

City  
AUSTINState  
TXZip Code  
78734

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4158

Amount Incurred This Period

355.50

Payment This Period

355.50

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►